TITLE XIX REPORT OF EXPENDITURES					
	TITL	LEXIX	REPORT OF	F EXPENDI	TURES

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

(FISCAL YTD TOTALS AS OF 11/30/08)

NUMBER OF

78,273

1,202,874

141,072

97,007

21.647

45,610

13,753

8.790

3,832

48,588

61,875

23,897

671.216

53,369

193,274

118.802

142,795

66.619

74.074

27,403

4,512

11.690

27,930

9.208

88,909

3,530

2.7

n

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0

0

1,696,904

1,528,833

37

n

3.5

n

n

IINITS OF

1.490.053

1,656,478

136.590

142,770

357.462

13.572

6,843

48.718

61.688

23,895

670.983

53,369

259.252

144,480

70.752

90.660

34,638

130.532

284,784

32,323

264.272

106,701

3,278,589

7,634,321

2.6

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1.528.366

946.086

1.529.903

1,349,348

41

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951 -

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PAGE

RUN DATE 11/22/08

TOTAL. PAYMENT

\$135,477,718.30

\$80,963,676,54

\$11,056,922.09

\$185.056.303.42

\$116,705,858.68

\$1,256,511.26

\$43,583,860,08

\$78,398,460.42

\$17,625,683.72

\$2,650,005.99

\$17,765,008.54

\$17,013,930,76

\$1,550,191.13

\$5,966,619.01

\$93,868,672.11

\$4,410,906.57

\$48,169,894.02

\$5,569,695,58

\$3,630,665.84

\$1,341,864.00

\$2,680,617.91

\$19,167,899.52

\$20,010,796.08

\$3.875.728.34

\$2,146,175.88

\$1,045,886.61

\$1,640,689.17

\$8,432,236,49

\$1,223,416.78

\$2,070,751.93

\$2,218,524.47

\$124,959,340,18

\$7,777,179,47

\$74,184.00

\$156,905.54

\$151.88-

ŝn.nn

\$0.00

\$5.03-

\$0.00

\$n.nn

\$0.00

\$0.00

\$95,934.53-

\$15,406.24

\$199.84

\$n.nn sn.nn

\$0.00

\$0.00

1

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

AS OF 11/30/08

HOME HEALTH

CLINIC SERVICES

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

PODTATRIC

CHIROPRACTIC

PACE SERVICES

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICIAN

LEAD INSPECTION AGENCY

	SERVED	CLAIMS	SERVICE
INPATIENT	25,976	32,992	191,048
OUTPATIENT	155,358	421,637	4,149,909
CHILD PART HOSP	0	0	0
CHILD DAY TORATMENT	0	0	0

CHILD DAY TREATMENT ADULT PART HOSP 0 ADULT DAY TREATMENT -0 n

RECIPIENTS

24.992

252,173

57.087

51,290

3.089

11.089

2,493

9,619

2.816

208.215

23,922

358,702

45.028

5,806

161,529

4,910

45,632

41.452

90,713

48.614

20.382

13,957

1.111

8,113

2.118

10.451

622

762

921

3

n

n

1

n

-0

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0

0

37

1

2,133 4,165 64,897

SKILLED NURSING FACILITY

15.024 65.003

INTERMEDIATE CARE FACILITY 1,872,868

INTER CARE MENTAL RETARDA 2,191 10,668 317.874 NURSING FAC FOR MENTAL ILL 34 144 4,306

IAM	IM22	00-	R003	(MR-O-12)
AS	OF	11/	30/08	1

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 11/22/08

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TOTAL. PAYMENT \$209,224.52

\$29,399,630.42

\$13,833,050.65

\$1,121,824,814.17

\$368,787.94

\$8,551,825.57

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 11/30/08)

16,040

0

0

*** END OF REPORT ***

52,890

521,885

54,029

31,756,570

0

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
AIDS WAIVER SERVICES	52	420	19,563
ELDERLY WAIVER SERVICES	10,967	144,667	2,213,647

2,440

0

304

430,465

12,449